



STATEMENT OF NON-RECEIPT OF UNEMPLOYMENT (UI) BENEFITS

State Form 57068 (R / 1-24)
DEPARTMENT OF WORKFORCE DEVELOPMENT

INSTRUCTIONS: *The purpose of this form is to inform the Indiana Department of Workforce Development ("Department") that the below individual is not in receipt of Unemployment Benefits, either due to the fact that: (1) he/she did not file a claim and was the victim of Identity Theft; or (2) he/she filed a claim and his/her account was subsequently accessed by a third party to file weekly vouchers and/or divert funds. Upon receipt of this form, the Department will initiate an investigation and issue a determination. Depending on volume, it may take several weeks to complete the investigation. If additional information is needed, the Department will contact you. For more information about identity theft, please visit our website: <https://www.in.gov/dwd/indiana-unemployment/fraud/>*

The phrase "week ending" in this form refers to the Saturday of the week of unemployment. Please fill this form out completely, accurately, and legibly.

FIRST NAME: _____ LAST NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ____ _

ADDRESS (number and street, city, state, and ZIP code): _____

TELEPHONE NUMBER: (____ _) ____ _ - ____ _

E-MAIL ADDRESS: _____

I wish to report the following to the Indiana Department of Workforce Development (Please check all that apply):

- I did not file or attempt to claim unemployment benefits with the information above.
- I wish to file a claim for unemployment benefits in my name and cannot do so because someone else has opened a claim using my personal information.
- I filed a claim and weekly vouchers for unemployment benefits, but there are weeks when payments were neither made to the account I designated for direct deposit, nor deposited onto my prepaid debit card.

Those weeks (ending on Saturday) and amounts of payment are:

Week ending: _____ Amount: _____

Week ending: _____ Amount: _____

Week ending: _____ Amount: _____

The account I designated for direct deposit (if applicable) is:

Bank Name: _____

Last 4 Bank Numbers on Bank Account: ____ _

The last 4 numbers on my prepaid debit care (if applicable) are: ____ _

I filed a claim for unemployment benefits and at some point after I stopped filing, my claim was reopened without my consent and weekly vouchers were filed on my behalf.

Week ending: _____ Were Payments issued? Yes No

Week ending: _____ Were Payments issued? Yes No

Week ending: _____ Were Payments issued? Yes No

Week ending: _____ Were Payments issued? Yes No

If payments were made when the claim was reopened, were they deposited into your direct deposit account or prepaid debit card? Yes No

Are you aware of who used your personal information to file for benefits in your name, reopened your claim and/or diverted payments? Yes No

If you selected yes, please provide the individual's name: _____

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information to obtain benefits, I may be required to repay benefits, charged penalties and could be subject to criminal prosecution.

Signature: _____ Date (month, day, year): _____

Printed Name: _____

Please mail or fax this form and any supporting documentation to the following:

Indiana Department of Workforce Development

10 N. Senate Ave.

Indianapolis, IN 46204

FAX: (317)633-7206